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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 137	
1. PLACE OF DEATH				COUNTY <u>Cochise</u> STATE <u>ARIZONA</u>		REGISTERED NO. <u>138</u>	
TOWNSHIP <u>Bisbee Arizona</u> OR VILLAGE <u>Copper Queen Hospital</u>				CITY <u>Bisbee</u> ST. <u>10th</u> WARD <u>10th</u>			
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				IN CITY OR TOWN WHERE DEATH OCCURRED <u>7</u> YRS. <u>7</u> MOS. <u>7</u> DS.		HOW LONG IN U. S. OF FOREIGN BIRTH? <u>29</u> YRS. <u>3</u> MOS. <u>7</u> DS.	
2. FULL NAME <u>Charles Oliver Billingsley</u>				(A) RESIDENCE: NO. <u>Bisbee</u> ST. <u>10th</u> WARD <u>10th</u>		(IF RESIDENT GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) <u>Single</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26th 1907</u>							
7. AGE YEARS <u>29</u>		MONTHS <u>5</u>		DAYS <u>14</u>		IF LESS THAN 1 DAY, HRS. OR MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Miner</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>Nov 7 1936</u>							
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION							
12. BIRTHPLACE (CITY OR TOWN) <u>Duncan</u> (STATE OR COUNTY) <u>Arizona</u>							
13. NAME <u>B. F. Billingsley</u>							
14. BIRTHPLACE (CITY OR TOWN) <u>Tenn.</u> (STATE OR COUNTY)							
15. MAIDEN NAME <u>Elinor Hilton</u>							
16. BIRTHPLACE (CITY OR TOWN) <u>England</u> (STATE OR COUNTY)							
17. INFORMANT <u>Roy Billingsley</u> (ADDRESS) <u>Tucson Ariz.</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Duncan Ariz.</u> DATE <u>11-12-1936</u>							
19. EMBALMER LICENSE NO. <u>223</u> SIGNATURE <u>J. C. Hubbard</u> FUNERAL DIRECTOR <u>Hubbard Mortuary</u> ADDRESS <u>Bisbee Ariz.</u>							
20. FILED <u>Nov 10 1936</u> REGISTRAR							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>NOV. 10th 1936</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Nov 9 1936</u> TO <u>Nov 10 1936</u>							
I LAST SAW <u>him</u> ALIVE ON <u>Nov 11 1936</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2:20 A.M.</u>							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Basal Skull fracture</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
NAME OF OPERATION DATE OF							
WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY <u>11 1936</u>							
WHERE DID INJURY OCCUR? <u>Don Louis, Ariz.</u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE							
MANNER OF INJURY <u>Automobile Accident</u>							
NATURE OF INJURY <u>Skull fracture</u>							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?							
IF SO, SPECIFY (SIGNED) <u>R. Paul Quinn</u> M. D. (ADDRESS) <u>Bisbee Ariz.</u>							